



City of Burlington
Building & Zoning Department
300 N. Pine Street
Burlington, WI 53105
(262) 342-1164

BUILDING, MECHANICAL & MISC. PERMIT APPLICATION

PERMIT NO. _____

TAX ID#: _____

Project Address: _____

Project Description: _____

Residential ☐ Institutional ☐ Commercial ☐ Municipal ☐ Manufacturing ☐ Other ☐

Owner's Name _____ Mailing Address – Include City & Zip _____ Telephone – Include Area Code _____

General Contractor _____ License Number _____ Mailing Address – Include City & Zip _____ Telephone – Include Area Code _____

Construction Contractor _____ License Number _____ Mailing Address – Include City & Zip _____ Telephone – Include Area Code _____

Plumbing Contractor _____ License Number _____ Mailing Address – Include City & Zip _____ Telephone – Include Area Code _____

Electrical Contractor _____ License Number _____ Mailing Address – Include City & Zip _____ Telephone – Include Area Code _____

HVAC Contractor _____ License Number _____ Mailing Address – Include City & Zip _____ Telephone – Include Area Code _____

PROJECT INFORMATION									
Zoning District: _____		Lot Area: _____		Setbacks (Sq. Ft.): Front: _____ Rear: _____ Left: _____ Right: _____					
1a. PROJECT		3. TYPE		6. ELECTRICAL		9. HVAC EQUIPMENT		12. ENERGY SOURCE	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Other _____		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____		Entrance Panel Size: _____ amp Underground <input type="checkbox"/> Overhead <input type="checkbox"/>		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant <input type="checkbox"/> Baseboard/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central A/C <input type="checkbox"/> Other _____		Fuel Type Gas <input type="checkbox"/> L.P. <input type="checkbox"/> Oil <input type="checkbox"/> Elec. <input type="checkbox"/> Solid <input type="checkbox"/> Solar <input type="checkbox"/> Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dwelling unit will have 3 kw or more installed electric space heater equipment Infiltration control option is: <input type="checkbox"/> Full sealing of joints <input type="checkbox"/> Blower door test <input type="checkbox"/> Exterior air filtration barrier	
1b. GARAGE		4. CONST. TYPE		7. FOUNDATION		10. PLUMBING		13. HEAT LOSS (Calculated)	
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Manufactured <input type="checkbox"/> Manufactured		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Septic Sewer <input type="checkbox"/> Permit No. _____		Envelope _____ BTU/HR Infiltration _____ BTU/HR	
2. AREA		5. STORIES		8. USE		11. WATER		14. ESTIMATED COST OF PROJECT	
Basement _____ Sq. Ft.		<input type="checkbox"/> 1-Story		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well			
Living Area _____ Sq. Ft.		<input type="checkbox"/> 2-Story							
Garage _____ Sq. Ft.		<input type="checkbox"/> Other _____							
Other _____ Sq. Ft.									
Total _____ Sq. Ft.									

I expressly grant the building inspector, or inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. I agree to comply with Municipal Ordinances and with the conditions of this permit; understand that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certify that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 342-1164. Give at least **24 hours notice** of all inspections.

SIGNATURE OF APPLICANT _____ DATE _____

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalties.

FEES:		PERMIT(S) ISSUED		MUNICIPALITY NUMBER OF DWELLING LOCATION : 51 - 206	
Building Fee: _____		Bldg. # at top of form		Wis. UNIFORM PERMIT SEAL NO.	PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____
Zoning Fee: _____		Zoning # _____			
WI Seal: _____		Plmb.# _____			
Plumbing Fee: _____		Elec.# _____			
Electrical Fee: _____		HVAC # _____			
HVAC Fee: _____					
E/C Fee: _____					
Other Fee: _____					
TOTAL: _____					